TO BE FIL	ED IN THE	<b>COURT OF</b>	APPEAL
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2DCA-02

	Court of Appeal Case Number:
COURT OF APPEAL, SECOND APPELLATE DISTRICT, DIVISION	Superior Court Case Number:
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address):	
	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):  APPELLANT:	
APPELLANT.	
RESPONDENT:	
APPLICATION FOR EXTENSION OF TIME TO FILE (Miscellaneous)	
I (name):	
1. request that the time to file (check one):	
Designation of Record Case Information Statement	
Other:	
now due on (date): be extended to (date):	
2. I have received	
no previous extensions to file the above.	
(Number of extensions): extensions by stipulation totaling (total number of	of days):
(Number of extensions): extensions from the court totaling (total number	
3. The reason I need an extension to file the above is (please specify): (Attach a separate	sheet if necessary)
For attorneys filing application on behalf of client:	t
I certify that I have delivered a copy of this application to my client (Cal. Rules of Coll declare under penalty of perjury under the laws of the State of California that the informat	
Date:	
(TYPE OR PRINT NAME) (SIGNATURE OF PART	Y OR ATTORNEY)
ORDER EXTENSION OF TIME IS:	
Granted to	
Denied	
Date:(SIGNATURE OF PRES	IDING JUSTICE)

ASE NAME:	CASE NUMBER:
DTICE: A copy of this document must be mailed or personally delivered to the other party or parties to the very a person who is at least 18 years old complete the information below and mail (by first-class mail, peck of this document have been completed and a copy mailed or personally delivered, the original may the	ostage prepaid) or personally deliver he front and back of this document. When the front and
PROOF OF SI	ERVICE
Mail Per	rsonal Service
1. At the time of service I was at least 18 years of age and not a party to	this legal action.
2. My residence or business address is (specify):	
<ol> <li>I mailed or personally delivered a copy of the Application for Extension</li> <li>(a) Mail. I am a resident of or employed in the county where the</li> </ol>	
(1) I enclosed a copy in an envelope <b>and</b>	3 · · · · ·
(a) deposited the sealed envelope with the United	ed States Postal Service, with the postage fully prepaid.
ordinary business practices. I am readily famil correspondence for mailing. On the same day	g on the date and at the place shown in items below, following our liar with the business's practice for collecting and processing that correspondence is placed for collection and mailing, it is with the United States Postal Service, in a sealed envelope with
(2) The envelope was addressed and mailed as follows:	
<ul><li>(a) Name of person served:</li><li>(b) Address on envelope:</li></ul>	
<ul> <li>(c) Date of mailing:</li> <li>(d) Place of mailing (city and state):</li> <li>(b) Personal delivery. I personally delivered a copy as follows:</li> </ul>	s:
<ul><li>(a) Name of person served:</li><li>(b) Address on envelope:</li></ul>	
<ul><li>(c) Date of mailing:</li><li>(d) Place of mailing (city and state):</li></ul>	
I declare under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF PARTY OR ATTORNEY)
(LIFE ON FININT INMINE)	(GIGNATURE OF FARTE OR ATTURNET)